

## Confidential Probate Questionnaire

*Please complete and bring to your appointment.*

For Office Use:

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

1. Please print. Verify name spellings to be sure they are correct. Be sure all addresses are complete.
2. If you are not sure about a question, please leave it blank. If you need more room, attach extra pages.
3. Please bring the following documents with questionnaire:
  - a. Certified Death Certificate
  - b. Codicils to Last WILL (if available)
  - c. Original Will or Conofmed Copy (if available)
  - d. Signed copy of any Trust Agreement into which probate assets will be transferred (if available)

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal AKA (if any) \_\_\_\_\_ U.S. Citizen? Yes or No

DOB \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

## Personal Information (continued)

Are you a new client? Yes or No                      If yes, how did you hear about us? \_\_\_\_\_

Have you ever filed for bankruptcy? Yes or No

If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes or No

If yes, explain: \_\_\_\_\_

## Decedent's Information:

Name: \_\_\_\_\_ Date of Death \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Information on Children of Decedent

Full Name	Sex	DOB	Age	# of Children	Married?
1. _____	M or F	_____	_____	_____	Yes or No
Address _____					
2. _____	M or F	_____	_____	_____	Yes or No
Address _____					
3. _____	M or F	_____	_____	_____	Yes or No
Address _____					
4. _____	M or F	_____	_____	_____	Yes or No
Address _____					

## HAVE ANY CHILDREN PREDECEASED DECEDENT (Y/N)

(Provide Name and addresses)

Full Name	Sex	DOB	Age	# of Children	Married?
1. _____	M or F	_____	_____	_____	Yes or No
Address _____					

2. \_\_\_\_\_ M or F \_\_\_\_\_ Yes or No  
Address \_\_\_\_\_

3. \_\_\_\_\_ M or F \_\_\_\_\_ Yes or No  
Address \_\_\_\_\_

**Information on Family of Decedent, If no spouse or children Survived**

IF DECEDENT HAD NO CHILDREN, LIST NAME(S), ADDRESS(ES), RELATIONSHIP and AGE OF NEXT OF KIN:

Full Name	Sex	DOB	Age	Relationship
1. _____	M or F _____	_____	_____	_____
Address _____				

Surviving Parent(s): \_\_\_\_\_

2. \_\_\_\_\_ M or F \_\_\_\_\_  
Address \_\_\_\_\_

Surviving Parent (s): \_\_\_\_\_

3. \_\_\_\_\_ M or F \_\_\_\_\_  
Address \_\_\_\_\_

Surviving Parent(s): \_\_\_\_\_

4. \_\_\_\_\_ M or F \_\_\_\_\_  
Address \_\_\_\_\_

Surviving Parent (s): \_\_\_\_\_

DID DECEDENT HAVE ANY STEPCHILDREN OR ADOPTED CHILDRED?

Full Name	Sex	DOB	Age	Relationship
1. _____	M or F _____	_____	_____	_____
Address _____				

2. \_\_\_\_\_ M or F \_\_\_\_\_  
Address \_\_\_\_\_

3. \_\_\_\_\_ M or F \_\_\_\_\_  
Address \_\_\_\_\_

## Information on WILL and TRUST

NAME(S) and ADDRESS(ES) of executors named in the WILL or TRUSTEE named in TRUST:

Full Name	Sex	DOB	Age	Relationship
1. _____	M or F _____	_____	_____	_____
Address _____				
2. _____	M or F _____	_____	_____	_____
Address _____				
3. _____	M or F _____	_____	_____	_____
Address _____				

NAME(S) and ADDRESS(ES) of beneficiaries named in any Trust into which probate assets will be added:

Full Name	Sex	DOB	Age	Relationship
1. _____	M or F _____	_____	_____	_____
Address _____				
2. _____	M or F _____	_____	_____	_____
Address _____				
3. _____	M or F _____	_____	_____	_____
Address _____				

## Financial Information

### ASSETS OF DECEDENT:

A) Personal Property (Describe)

Estimated Value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

